

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



November 23, 1994

ALL-COUNTY LETTER NO. 94-101

TO: ALL-COUNTY WELFARE DIRECTORS

Reason For This Transmittal

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by one or More Counties
- ☒ Initiated by CDSS

SUBJECT: Procedures to implement Case Management, Information and Payrolling System (CMIPS) adjustment transactions between the Personal Care Services Program (PCSP) and the In-Home Supportive Services (IHSS) Program.

REFERENCE: ACL 94-93, Senate Bill 1028, and ACL 94-07.

This letter is to inform counties about the CMIPS procedures in place to reverse expenditures that were erroneously charged to either the Title XIX PCSP, or the Residual IHSS. An All County Letter is being prepared and will be available soon to clarify the Beginning Date of Services of PCSP. In order to claim Federal reimbursement, counties should plan to complete any manual adjustments for the April through June 1993 adjustments by February 1995, and the July through September 1993 quarter by May 1995.

In order to expedite the adjustment process, the California Department of Social Services (CDSS) in November, 1994 will screen the recipient payment history files to automatically transfer expenditures from IHSS to PCSP for recipients eligible for PCSP based on the guidelines for the beginning date of PCSP. The criteria for automating adjustments for pay periods between April 1, 1993, and October 31, 1994, was established with the advice of the CMIPS Advisory Committee. Prior to processing automated adjustments, on November 21, 1994, a preview of the proposed action was provided to counties for review and to advise counties about the fiscal impact of the proposed changes. At the same time counties received a random sample of three to five casefiles to review for any problems prior to the automation.

After the production run on November 29, 1994, counties will receive a list of the cases automatically adjusted along with an exception list of those recipients whose records could not be automated. Please be advised that only the individual provider mode will be automated. In December, after the automated transactions are completed counties may proceed to utilize the SOC 312, Special Pre-Authorized Transaction form to complete adjustments for the remaining individual provider mode cases, or contract or homemaker mode cases. The attached instructions

indicate counties may continue to use current stock by adding two new fields to the current form. A camera ready copy of the revised form is attached to this letter for use if the current stock is depleted. The revised SOC 312 form is now available in the CDSS warehouse.

In anticipation of an additional category of contract mode adjustments, CDSS will revise the SOC 432, Claim for Reimbursement, Contract Expenditures, to include a worksheet on the back of the current form. The purpose of the worksheet is to reconcile and justify all adjustments combined on the adjustment column on the front page of the claim. The adjustment items will include:

1. County Overpayments, Underpayments
2. Liquidated Damages
3. Other (any other adjustments as defined by the county)
4. PCSP/IHSS Adjustments)

The Fiscal Unit of the Adult Services Management Branch will provide the revised form and instructions at a later date to counties with a contract mode.

In January 1995 another automation will implement the provisions of SB 1028. ACL 94-93 informed counties that the physician certification and nurse review was eliminated as a requirement of PCSP eligibility. The CMIPS automation will transfer recipients to PCSP who are without physician certification, but with enrolled providers and otherwise eligible to PCSP. Because the provisions of SB 1028 were incorporated into a state plan amendment, effective October 1, 1994, persons so identified as PCSP eligible may be eligible for PCSP adjustments back to October 1, 1994 or beginning date of aid, whichever is later. The specifics of this automation or manual adjustment will be distributed at a later date.

On November 11, 1994, the edits associated with the RPCP (Recipient Personal Care Program) screen were removed. This will allow the SOC 293, IHSS Assessment document, the SOC 426, Provider Enrollment, and the SOC 311, Provider Eligibility, to serve as the certification for PCSP. As a result, in February 1995, we anticipate the following will be eliminated:

Forms

- SOC 428, Personal Care Services Program
- SOC 425, Dr. Certification of Medical Necessity
- SOC 427, Personal Care Program Nurse Review

Screens

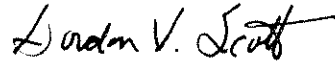
- RPCP (Recipient Personal Care Program)

Reports

- RN/PCSP Workload Report
- MD, RN Due Date columns from the SSW Assessment Due and Assessment Overdue listing
- "Y on RPCP" column on the Eligible and Potentially Eligible PCSP reports

The attached instructions will assist counties to transfer expenditures between these programs when manual adjustments are available to counties for IHSS/PCSP adjustments in December 1994.

Counties should contact their assigned policy analyst to clarify the appropriateness of adjustments under circumstances not outlined in these instructions. Otherwise, please call Ms. Mary James at (916) 387-4615 if you have any questions regarding CMIPS instructions or procedures.



for CAROL R. WIDEMON
Deputy Director
Adult Services Division

Attachment

ATTACHMENT

SOC 312

PCSP/IHSS

ADJUSTMENTS

SOC 312 ADJUSTMENT INFORMATION SECTIONS

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SECTION I PCSP/IHSS ADJUSTMENT TRANSACTION PROCEDURES

County adjustments are appropriate when errors were made in the original determination of the funding source and the provider was paid from the wrong program before the error was discovered.

Please note that these retroactive adjustments are an accounting procedure implemented to correctly bill the appropriate program when an error was made in the original authorization and payment. All PCSP/IHSS adjustments referenced here are credited or debited in the current (adjustment) month regardless of the payment period.

Retroactive authorization does not require the procedure outlined in these instructions since no payment was made for the previous period of time.

Payments may only be adjusted and charged to the other funding source when all the documentation to support the adjustment is maintained in the recipient's casefile. Circumstances that may require an adjustment are as follows:

- o Key data entry errors
- o The county erred in applying eligibility factors to determine the appropriate program.
- o Information was not available to the county relative to the recipient's eligibility for PCSP and payment was made from Residual IHSS.
- o Information regarding the recipient's ineligibility for PCSP is obtained after payment has already been made from PCSP funds.

IHSS to PCSP ADJUSTMENTS

Counties should be alert to the provider's tax status and age of the recipient when authorizing transactions to move funds from IHSS to PCSP. Parent providers of minors and spouses may not provide PCSP. Please also note if the recipient received advance pay during the period adjusted since an advance pay recipient is not eligible for PCSP.

SPECIAL PRE-AUTHORIZED TRANSACTIONS SOC 312

Use the following fields on the ADJUSTMENT section of the SOC 312 to transfer expenditures between PCSP and Residual IHSS.

- o Recipient Number, Field 1

Adjustments are recipient based. Do not enter a provider number in Field 2.

- o Type, Field 22

Currently a Positive (P) or Negative (N) type adjustment is available for use with the SOC 312 adjustment procedures. For PCSP/IHSS adjustment transactions, TYPE P and N will refer to payments in relation to PCSP. Positive adjustments will transfer expenditures to PCSP. Negative adjustments will subtract expenditures from PCSP.

- o Reason Codes, Field 23

Effective November 1, 1994 Reason Codes 21, 22 and 23 will be added to the SOC 312 ADJUSTMENT section list of valid Reason Codes. Reason Code 21 will record individual provider (IP) adjustments, Reason Code 22 will record contract provider (CC) adjustments and Reason Code 23 will record homemaker provider (HM) adjustments. These reason codes will only be allowed in conjunction with Type N (negative) or Type P (positive) adjustments.

Reason Codes N21, N22, and N23 will reverse any expenditure charged to PCSP that should have been charged to Residual IHSS. Reason Codes P21, P22, and P23 will reverse any expenditure charged to Residual IHSS that should have been charged to PCSP.

The P21, 22 or 23 procedure may only be initiated when there is documentation in the casefile to support that the recipient and provider were eligible for PCSP during the period adjusted. Documentation may include the Dr. Certification, Provider Enrollment, a worksheet of the adjustment calculation, and/or casefile notes substantiating the reason for the adjustment.

- o From Date and To Date, Fields 24, 25.

Two new fields are added to the Adjustment section of the SOC 312 to identify the pay period(s) adjusted. They are FROM DATE, field 24, and TO DATE, field 25. These fields are only used for PCSP/IHSS adjustments. No PCSP/IHSS adjustments may be entered for periods prior to April 1, 1993. All adjustments other than IHSS/PCSP are completed using the current fields and procedures.

o Warrant Number, Field 26

This field is used to identify the specific contractor by contract number in the event there is more than one contractor in the county. This field is only used with contract mode adjustments when REASON code 22 is entered in Field 23. It is a required field for all contract mode adjustments.

o Gross Amount, Field 28

The gross amount to be adjusted will be the total amount of the contract payment or homemaker payment for the recipient during the period adjusted. The individual provider gross amount should include all employer contributions for the period adjusted. The system, with certain exceptions, will automatically enter the total gross amount for recipients in the IP mode, including those with multiple providers. If the gross amount is greater than 99,999.99 because multiple months are adjusted, split the pay period and enter on the system in two transactions. Also, if the hours are greater than 999.9, the pay period must be split to enter the hours in two separate transactions.

o Hours, Field 36

The county must enter the total hours for the period adjusted in the contract, homemaker, or split case. The system will automatically enter the total hours for the individual provider mode for pay periods after August 1, 1993, including those recipients with multiple providers.

o Authorized By, Field 37

Enter the official County assigned authorization number required for all pre-authorized transactions.

MANUAL COMPUTATIONS

The adjustment amount must be manually completed for all IP adjustments from April 1, 1993, through July 31, 1993. From August 1, 1993, the system can compute the gross amount and hours automatically. Counties should be aware that automated adjustments will only include **cashed warrants**. Warrants that have not been cashed are excluded from adjustments because they may be redeposited. However, regardless of the time frame, the system will only calculate the IP portion of mixed mode cases. Therefore, counties should plan to manually calculate the adjustment amount and hours for PCSP/IHSS split cases, mixed mode cases, contract mode or homemaker mode cases. Split cases include PCSP/Restaurant Meals and PCSP/Protective Supervision.

Pay periods for homemaker cases shall not be adjusted prior to July 1, 1994. Hourly costs in the homemaker mode are determined at the end of each quarter as part of the Administrative Claim process. Therefore, postpone homemaker mode adjustments during a current quarter until the end of the quarter so that the correct (reconciled) amount is entered on the SOC 312 for the period adjusted.

Counties should take note of any other adjustments to the payment history or uncashed warrants during the period adjusted, and take action to revise the gross amount as necessary.

o Gross Amount, Field 28

Counties must review the WARD screen, the County Payment Voucher Report or the Contractor Authorization Report to determine the gross amount of the adjustment. The employer contributions must be added to the employee's gross wage in the IP mode to arrive at the gross amount entered on the adjustment transaction screen.

Please note that any gross amount greater than 99,999.99 requires two SOC 312 transactions.

o Mixed Mode

Counties must determine if the recipient was receiving more than one mode of service during the period adjusted. If so, calculate each mode manually and enter on the SOC 312 in two separate transactions using the appropriate Reason Code.

o Pro-Rated Adjustments: Split Cases or Multiple Providers

Split cases are those cases paid from both PCSP and IHSS funds and apply to those recipients who are eligible for PCSP services and also receive Protective Supervision and/or restaurant meals. In this situation, if completing a positive PCSP adjustment, include all services except Protective Supervision in the computation of gross amount and hours.

The information is available on the SOC 293 or the WARR and WARD screens for the given pay period(s). In the event the period adjusted is prior to August 1, 1993, a ratio of Protective Supervision hours to all other hours must be derived from the SOC 293 grid. For example, subtract Protective Supervision hours (45) from all other hours (195). Divide the remainder by the total authorized hours, 150/195, to establish the percentage of services (.77) to be adjusted. Apply the ratio to the hours and amount reflected on the County Payment Voucher report, microfiche from April, 1993 to July, 1993, and WARD from August, 1993 forward, to establish the amount entered on the SOC 312.

In addition, if a recipient received services from more than one provider during the period adjusted, the county must determine if a parent or spouse or other non-eligible provider was one of the providers. Subtract the ineligible provider's amount and hours from the total adjustment. Sum the remaining providers' payments and enter on the SOC 312 as a lump sum adjustment. The detailed information necessary to identify each provider's payment is available on the County Payment Voucher Report, the Contractor Authorization Summary, on the RSUM screen, or if IP, is on the WARD screen.

o Mixed Mode With Protective Supervision (Split Case)

Treat each mode as a separate transaction. If services such as protective supervision or domestic/personal services were clearly provided in one mode, apply the adjustment to the appropriate mode. For example, if protective supervision and personal services were provided in the IP mode, and domestic services were provided in the contract mode, the county should complete an adjustment using Reason Code P21

of the personal services gross amount in the IP mode and a Reason Code P22 adjustment of the domestic services gross amount in the contract mode. The protective supervision gross amount is not adjusted.

o IP Adjustments Spanning August 1, 1993

The county has the option to do a manual adjustment for the total period to be adjusted or perform the transaction in two steps. Use the manual process for the period prior to August 1, 1993, and use the automated system to compute the remainder. The PCSP/IHSS Adjustment Report will contain the two separate transactions, the first one will end July 31, 1993, and the second period will have a begin date of August 1, 1993.

CLOSED CASES

A SOC 293 Record Status file is required to establish and authorize a PCSP/IHSS adjustment on the SOC 312 (SPEC Screen). Enter the date the adjustment is keyed in the Application Date field (P 1). After completing the SOC 293 and SOC 312 transactions, document the situation in the casefile. Close the SOC 293 file by entering "D" for deny in the Status field on the turnaround document, and enter code 021 in the Reason Code field on the zz line. This will suppress the denial NOA and indicate a SOC 312 N or P 21, 22, or 23 transaction was the reason a record status file was opened.

AUTOMATED COMPUTATIONS

The system will automatically compute the IP mode adjustment amount for any adjustments from August 1, 1993 except for cases with both Protective Supervision and PCSP (split cases). It will only be necessary to enter the TYPE, REASON CODE, and the FROM DATE and TO DATE on the SOC 312. The system will compute the gross amount of the adjustment and enter the amount and hours on the Recipient Summary Screen (RSUM). Counties should use a manual process if there have been any other SOC 312 adjustments to the payment history during the period adjusted.

EDITS

The following edits will apply to SPEC screen PCSP/IHSS adjustment transactions:

- Soft edit "Verify Amount and Hit Enter" on 2nd line for all automated transactions.
- Soft edit "Warn - Not PCSP Case" on the 1st line for a positive transaction for a Residual recipient during a current segment on the SOC 293 M line.
- Soft edit "Warn - Protect Sup Hours" on the 1st line for a positive transaction with WW hours on the SOC 293 during a current segment on the M line.
- Soft edit "Warn - Prot Sup and Not PCSP" on the 1st line for a positive transaction that has WW hours and is a Residual recipient.
- Hard edit "Auto Not Allow - Protect Sup Hrs" on the 1st line for an automated positive transaction that has WW hours on the SOC 293, M Line, and no gross amount or hours entered.
- Hard edit "No Warrant on File" for automated adjustments when no warrant is found for this pay period.
- Hard edit "Contractor number not on file" if N or P 22 transaction and contractor number is incorrect.
- Hard edit "From Date Prior to April 1, 1993" if the FROM DATE entered is prior to PCSP implementation.
- Hard edit "No Warrant Auto Aug 1, 1993" if the FROM DATE is before the warrant file was built.
- Hard edit "Amt too Large, Reduce Months" if the gross amount is larger than field length. Process the transaction in two periods to reduce the number of months processed and the gross amount.
- Hard edit "No PCSP WARR Amt Fnd" if only warrants issued were from Residual funds.
- Hard edit "No RSD WARR Amt Fnd" if only warrants issued were from PCSP funds.

SCREENS

The RSUM screen displays the IHSS/PCSP adjustment transactions for immediate verification that the transaction was keyed as intended.

A new field was added to the CSUM screen to hold year to date adjustment data. Positive adjustment amounts will display a whole number. Negative adjustment amounts will display a negative number.

The WARR and WARD screens hold payment history from August 1, 1993.

A new PCSP Adjustment Information Screen (PADJ) was developed to hold monthly and Year to Date adjustment data. It is updated at the end of each month. Adjustment data will be displayed by Cases, Hours, and Expenditures. Case information will reflect case months. A partial month is counted as a case month.

REPORTS

The adjustment transactions are displayed by Cases, Hours and Expenditures on a new report, PCSP/RESIDUAL ADJUSTMENT REPORT. It will be issued monthly and sorted by county, district office, mode, service worker, and by recipient alpha with a summary for each district office, county and state. An initial report of the centrally implemented automated adjustments will be run December 1. Thereafter, the reports will reflect the county entered adjustments and be issued the first of each month. The report will reflect the adjustments in the month entered on the system, not the period adjusted.

In the near future PCSP adjustments will also be reflected on the MANAGEMENT STATISTICAL SUMMARY by number of case months, hours and expenditures, in the Allocation/Estimated Cost Summary (Year to Date) Section.

ORDERING FORM SOC 312 (Rev 8/94), Special Pre-Authorized Transactions

Counties may continue to use current stock of the SOC 312 until supplies are depleted by manually inserting the two new fields FROM DATE and TO DATE to the right of the REASON code, Field 23, in the ADJUSTMENT section. A camera ready copy of SOC 312 is attached to this ACL for the counties' temporary use until new stock is obtained. The CDSS Warehouse is now stocked with the revised forms.

Please contact Mary James, (916) 387-4615 if you have any questions about the content of these CMIPS instructions.

SECTION II EXAMPLES

EXAMPLE I

MANUAL COMPUTATION MIXED MODE

Two SOC 312 adjustment transactions must be completed in order to document a mixed mode adjustment. The recipient in the this example received services in the individual provider mode and the contract mode. The county wishes to move funding from Residual IHSS to PCSP for the month of June, 1993.

EXAMPLE 1A: PROCEDURES FOR THE CONTRACT MODE

- Review the contractor payment authorization report to obtain the "approved for pay" amount to be adjusted, billed hours and enter on the SOC 312, Field 28, Gross Amount, and Field 36, Hours. If the report indicates cutback hours and amounts it will be necessary to enter the net hours actually approved for pay. This may be derived by dividing the "approved for pay" by the rate in effect at the time.
- Enter the contractor number in Field 26, Warrant Number. This is the same number entered on the Coin screen. The warrant number field contains eight digits. The contractor number consists of seven digits: a two digit county number, the third digit is the contractor code, and the fourth through seventh digit indicate the year and month of the contract start date. An eight digit contractor number may be entered that includes a lead zero.

Please see the following example for the contractor payment authorization report. Information needed for the SOC 312 is in **bold** characters.

STATE OF CALIFORNIA
IN-HOME SUPPORTIVE SERVICES

RUN DATE 06/30/93
INVOICE DATE 06/28/93
INVOICE NO 00693

JOB - HHJ595F
REPORT - HHHRDOO1

CONTRACTOR PAYMENT AUTHORIZATION

CONTRACTOR - HOME HEALTH SERVICES

COUNTY - GENESIS DIST. OFFICE - 02

SOCIAL WORKER: 1234

| RECIPIENT NAME | RECIPIENT NUMBER | SERVICE MON/PER | AUTH HOURS | BILLED HOURS | CUTBACK HOURS | AUTH AMOUNT | BILLED AMOUNT | CUTBACK AMOUNT | SOC APPLIED | SOC COLL | APPROVED FOR PAY | SERV LVL | P |
|-------------------|---------------------|--------------------|---------------|-----------------|------------------|----------------|------------------|-------------------|----------------|-------------|---------------------|-------------|---|
| RECIPIENT, IMA | 59-08120014 | 06/93 | 21.2 | 10.5 | | 234.26 | 116.03 | | 0.00 | 0.00 | 116.03 | 50% | |
| MOUSE, MINNIE | 59-17211103 | 06/93 | 108.0 | 59.5 | | 1,202.24 | 657.47 | | 0.00 | 0.00 | 657.47 | 100% | |

EXAMPLE IB: PROCEDURES FOR THE INDIVIDUAL PROVIDER MODE

- Review the County Payment Voucher Report or microfiche, or obtain a screen print of the Ward for the period adjusted to obtain the gross wage and employer contributions
- Sum the gross wage and employer contribution of all pay periods included in the adjustment and enter on the SOC 312, Field 28, Gross Amount.

- WARD 06/01/93

| | |
|-------------------|--------------|
| Gross Wage: | 63.75 |
| Employer Contrib. | <u>+7.63</u> |
| | 71.38 |

- WARD 06/16/93

| | |
|-------------------|--------------|
| Gross Wage | 63.75 |
| Employer Contrib. | <u>+7.63</u> |
| | 71.38 |

- $71.38 \times 2 = 142.76$
- Please see the following example for the Ward screen. Information required for the SOC 312 is in **bold**. Please see Example II A County Payment Voucher Report for details on "Ima Recipient". The same report mock up is also used to illustrate the details for a split case example: Charlie Brown, a recipient receiving PCSP and IHSS.

I B. WARD PAY PERIOD 060193 TO 061593

THIS WARD I 77861446070993
NEXT WARD I 77925458071993

| WARR NBR | CASE NBR | LAST NAME | FIRST NAME | MI | PAY | ST | TP | SOC |
|----------------------|------------------|-------------|-------------|---------------|--------------|----|----|-----|
| 77861446 | 5908120014946421 | PROVIDER | IMA | | P | C | | .00 |
| PAID 070993 | CASH 071693 | VOID 000000 | REPL 000000 | PAY FM 060193 | PAY TO 61593 | | | |
| W4 | FIT WHOLD | | SIT W4 | SIT WHOLD | | | | |
| | GRAND TOTAL | | PCSP | IHSS | | | | |
| GROSS WAGE | 63.75 | | .00 | 63.75 | | | | |
| NET WAGE | 58.04 | | .00 | 58.04 | | | | |
| FICA | 4.88 | | .00 | 4.88 | | | | |
| MEDICARE | .00 | | .00 | .00 | | | | |
| SDI | .83 | | .00 | .83 | | | | |
| FEDERAL INCOME TAX | .00 | | .00 | .00 | | | | |
| STATE INCOME TAX | .00 | | .00 | .00 | | | | |
| EARNED INCOME CREDIT | .00 | | .00 | .00 | | | | |
| LEVY | .00 | | .00 | .00 | | | | |
| RECOVERY | .00 | | .00 | .00 | | | | |
| UNION DUES | .00 | | .00 | .00 | | | | |
| EMPLOYER FICA | 4.88 | | .00 | 4.88 | | | | |
| EMPLOYER MEDICARE | .00 | | .00 | .00 | | | | |
| EMPLOYER FUTA | .51 | | .00 | .51 | | | | |
| EMPLOYER SUI | 2.23 | | .00 | 2.23 | | | | |
| HOURS | 15.0 | | 00.0 | 15.0 | | | | |

I B. WARD PAY PERIOD 061693 TO 063093

THIS WARD I 77925458071993
NEXT WARD I 77925458071993

| WARR NBR | CASE NBR | LAST NAME | FIRST NAME | MI | PAY | ST | TP | SOC |
|----------------------|------------------|-------------|-------------|---------------|---------------|----|----|-----|
| 77925458 | 5908120014946421 | PROVIDER | IMA | | P | C | | .00 |
| PAID 071993 | CASH 072793 | VOID 000000 | REPL 000000 | PAY FM 061693 | PAY TO 063093 | | | |
| W4 | FIT WHOLD | | SIT W4 | SIT WHOLD | | | | |
| | GRAND TOTAL | | PCSP | IHSS | | | | |
| GROSS WAGE | 63.75 | | .00 | 63.75 | | | | |
| NET WAGE | 58.04 | | .00 | 58.04 | | | | |
| FICA | 4.88 | | .00 | 4.88 | | | | |
| MEDICARE | .00 | | .00 | .00 | | | | |
| SDI | .83 | | .00 | .83 | | | | |
| FEDERAL INCOME TAX | .00 | | .00 | .00 | | | | |
| STATE INCOME TAX | .00 | | .00 | .00 | | | | |
| EARNED INCOME CREDIT | .00 | | .00 | .00 | | | | |
| LEVY | .00 | | .00 | .00 | | | | |
| RECOVERY | .00 | | .00 | .00 | | | | |
| UNION DUES | .00 | | .00 | .00 | | | | |
| EMPLOYER FICA | 4.88 | | .00 | 4.88 | | | | |
| EMPLOYER MEDICARE | .00 | | .00 | .00 | | | | |
| EMPLOYER FUTA | .51 | | .00 | .51 | | | | |
| EMPLOYER SUI | 2.23 | | .00 | 2.23 | | | | |
| HOURS | 15.0 | | 00.0 | 15.0 | | | | |

IN-HOME SUPPORTIVE SERVICES
SPECIAL PRE-AUTHORIZED
TRANSACTIONS*MANUAL COMPUTATION - MIXED MODE - CC*

RECIPIENT

| | | |
|-------------|-------------|---------------|
| 1. NUMBER | | |
| 590812001 4 | | |
| COUNTY | CASE NUMBER | CHECK DIST |

PROVIDER

| |
|-----------|
| 2. NUMBER |
|-----------|

| | | | | | |
|------------------------------|-------------|-----------|----------|----------|----------------|
| 1 - SUPPLEMENT/ EMERGENCY | 3. TYPE | 4. REASON | 5. NOA | REASON | CODES |
| | | | M C N | | |
| 6. FROM DATE | 7. TO DATE | 8. GROSS | 9. HOURS | 10. RATE | 11. SHARE/COST |
| M M D D Y Y | M M D D Y Y | | | | |

| | | |
|-----------------|------------------|----------------|
| 2 - REPLACEMENT | 12. TYPE | 13. REASON |
| | | |
| 14. WARRANT# | 15. WARRANT DATE | 16. NET AMOUNT |
| | M M D D Y Y | |

| | | |
|------------------|------------------|----------------|
| 3 - VOID WARRANT | 17. TYPE | 18. REASON |
| | | |
| 19. WARRANT# | 20. WARRANT DATE | 21. NET AMOUNT |
| | M M D D Y Y | |

| | | | | |
|----------------|----------------|------------------|---------------|-------------|
| 4 - ADJUSTMENT | 22. TYPE | 23. REASON | 24. FROM DATE | 25. TO DATE |
| | P | 22 | M M D D Y Y | M M D D Y Y |
| 26. WARRANT# | 27. PAY PERIOD | 28. GROSS AMOUNT | 29. F.I.C.A. | 30. S.D.I. |
| 5919305 | M M D D Y Y | 116.03 | | |
| 31. FED | 32. STATE | 33. EIC | 34. SOC | 35. NET |
| | | | | 1015 |

AUTHORIZED
BY

| |
|------------|
| 37. NUMBER |
| 2345 |

PAYEE

| |
|----------|
| 38. NAME |
|----------|

COUNTY VALIDATION

| | | |
|-------------------|----------|-------------|
| 39. AUTHORIZATION | 40. DATE | 41. REMARKS |
| Ima Social worker | 11 01 94 | |
| 42. VALIDATION | 43. DATE | 44. REMARKS |
| | | |

IN-HOME SUPPORTIVE SERVICES
SPECIAL PRE-AUTHORIZED
TRANSACTIONS

MANUAL COMPUTATION - MIXED MODE - IP

RECIPIENT

| | | |
|-------------|-------------|----------------|
| 1. NUMBER | | |
| 590812001 4 | | |
| COUNTY | CASE NUMBER | CHECK DIGIT |

PROVIDER

| |
|-----------|
| 2. NUMBER |
|-----------|

| | | | | | | |
|-----------------------------|-------------|----------|-----------|----------|----------------|-------|
| 1. SUPPLEMENT/ EMERGENCY | | 2. TYPE | 4. REASON | 5. NOA | REASON | DOORS |
| | | | | M | C | N |
| 6. FROM DATE | 7. TO DATE | 8. GROSS | 9. HOURS | 10. RATE | 11. SHARE/COST | |
| M M D D Y Y | M M D D Y Y | | | | | |

2 - REPLACEMENT

| | | |
|--------------|------------------|----------------|
| 12. TYPE | | 13. REASON |
| | | |
| 14. WARRANT# | 15. WARRANT DATE | 16. NET AMOUNT |
| | M M D D Y Y | |

3 - VOID WARRANT

| | | |
|--------------|------------------|----------------|
| 17. TYPE | | 18. REASON |
| | | |
| 19. WARRANT# | 20. WARRANT DATE | 21. NET AMOUNT |
| | M M D D Y Y | |

4 - ADJUSTMENT

| | | | | | |
|--------------|----------------|------------------|---------------|-------------|-----------|
| 22. TYPE | | 23. REASON | 24. FROM DATE | 25. TO DATE | |
| P | | 21 | M M D D Y Y | M M D D Y Y | |
| | | | 060193 | 063093 | |
| 26. WARRANT# | 27. PAY PERIOD | 28. GROSS AMOUNT | 29. F.I.C.A. | 30. S.D.I. | |
| | M M D D Y Y | 142 76 | | | |
| 31. FED | 32. STATE | 33. SIG | 34. SOC | 35. NET | 36. HOURS |
| | | | | | 3010 |

AUTHORIZED
BY

| |
|------------|
| 37. NUMBER |
| 1234 |

PAYEE

| |
|----------|
| 38. NAME |
|----------|

COUNTY VALIDATION

| | | |
|-------------------|----------|-------------|
| 39. AUTHORIZATION | 40. DATE | 41. REMARKS |
| Ima Social Worker | 11 01 94 | |
| 42. AUCATION | 43. DATE | 44. REMARKS |
| | | |

EXAMPLE II

MANUAL COMPUTATION SPLIT CASE

A manual computation is required when transferring only a portion of the total authorized and paid hours and costs. This is the situation when the recipient is eligible for PCSP, and also receives Protective Supervision. In the following example, the recipient, Charlie Brown, was erroneously classified as PCSP eligible so the adjustment should move PCSP funds to IHSS, a SOC 312 N21 transaction. Lucy Brown is the provider in this example.

EXAMPLE II A: PROCEDURES FOR SPLIT CASE

- For an N21 transaction identify the PCSP payments to be transferred. In the example PCSP payments are in **bold** characters.
- Sum the PCSP gross wage and employer contribution of all pay periods included in the adjustment and enter on the SOC 312, Field 28, Gross Amount.
- Sum the hours of all pay periods included in the example and enter on the Soc 312, Field 36.

- PAY PERIOD 06/01/93 TO 06/15/93

| | |
|-------------------|-------------|
| PCSP GROSS WAGE | 34.54 |
| EMPLOYER CONTRIB. | <u>4.13</u> |
| | 38.67 |

| | |
|-------|-----|
| HOURS | 8.1 |
|-------|-----|

- PAY PERIOD 06/16/93 TO 06/30/93

| | |
|-------------------|-------------|
| PCSP GROSS WAGE | 30.23 |
| EMPLOYER CONTRIB. | <u>3.61</u> |
| | 33.84 |

| | |
|-------|-----|
| HOURS | 7.1 |
|-------|-----|

- GROSS AMOUNT 06/01/93 TO 06/30/93: $38.67 + 33.84 = 72.51$
- HOURS 06/01/93 TO 06/30/93: $8.1 + 7.1 = 15.2$

II A: COUNTY PAYMENT VOUCHER REPORT

JOB - HIHJ360F
 REPORT - HIHMO2F
 STATE OF CALIFORNIA
 IN-HOME SUPPORTIVE SERVICES
 COUNTY PAYMENT VOUCHER

CYCLE DATE 07/30/93
 RUN DATE 07/30/93

COUNTY - GENESIS DIST. OFFICE 02 ** PAY CYCLE - MONTHLY PAYMENTS *-*

| RECIPIENT NAME/NUMBER | PROVIDER NAME/NUMBER | HOURS/ PCSP RATE | GROSS WAGE | SOC/ FRM DT | FICA/ FIT | SDI/ SIT | NET PAYMENT | CHECK/ CHECK DT | EMPLOYER FICA | EMPLOYER FUTA | EMPLOYER SUI | TOTAL IP EXPENSE |
|-------------------------------|-------------------------|---------------------|---------------|----------------|--------------|-------------|----------------|----------------------|------------------|------------------|-----------------|---------------------|
| BROWN, CHARLIE 59-18321136 | BROWN, LUCY 256742 | 32.0 4.25 | 136.00 | 06/01/93 | 10.40 | 1.70 | 123.90 | 78138604 06/18/93 | 10.40 | 1.09 | 4.76 | 136.00 |
| PCSP SPLIT | | 8.1 | 34.54 | | 2.64 | .43 | 31.47 | | 2.64 | .28 | 1.21 | 34.54 |
| IHSS SPLIT | | 23.9 | 101.46 | | 7.76 | 1.27 | 92.43 | | 7.76 | .81 | 3.55 | 101.46 |
| BROWN, CHARLIE 59-18321136 | BROWN, LUCY 256742 | 28.0 4.25 | 119.00 | 06/16/93 | 9.10 | 1.55 | 108.35 | 78350806 07/03/93 | 9.10 | .95 | 4.17 | 119.00 |
| PCSP SPLIT | | 7.1 | 30.23 | | 2.31 | .39 | 27.52 | | 2.31 | .24 | 1.06 | 30.23 |
| IHSS SPLIT | | 20.9 | 88.77 | | 6.79 | .71 | 80.83 | | 6.79 | .71 | 3.11 | 88.77 |
| RECIPIENT, IMA 59-08120014 | PROVIDER, IMA 946421 | 15.0 4.25 | 63.75 | 06/01/93 | 4.88 | .00 | 58.04 | 77861446 07/09/93 | 4.88 | .51 | 2.23 | 63.75 |
| RECIPIENT, IMA 59-08120014 | PROVIDER, IMA 946421 | 15.0 4.25 | 63.75 | 06/16/93 | 4.88 | .00 | 58.04 | 77925458 07/19/93 | 4.88 | .51 | 2.23 | 63.75 |

II B: WARD - PAY PERIOD 06/01/93 TO 06/16/93

| | | | | | | | | | |
|----------------------------|--|----------------|--|-------------|--|---------------|--|---------------|--|
| THIS WARD I 78138604061893 | | | | | | | | | |
| NEXT WARD I 78350806060393 | | | | | | | | | |
| WARR NBR CASE NBR | | LAST NAME | | FIRST NAME | | MI PAY ST TP | | SOC | |
| 78138604 5918321136256742 | | BROWN | | LUCY | | P C Z | | .0 | |
| PAID 071893 CASH 072493 | | VOID 000000 | | REPL 000000 | | PAY FM 060193 | | PAY TO 061593 | |
| W4 | | FIT WHOLD 0.00 | | SIT W4 | | SIT WHOLD | | 0.00 | |
| GRAND TOTAL | | | | PCSP | | IHSS | | | |
| GROSS WAGE | | 136.00 | | 34.54 | | 101.46 | | | |
| NET WAGE | | 123.90 | | 31.47 | | 92.43 | | | |
| FICA | | 10.40 | | 2.64 | | 7.76 | | | |
| MEDICARE | | .00 | | .00 | | .00 | | | |
| SDI | | 1.70 | | .43 | | 1.27 | | | |
| FEDERAL INCOME TAX | | .00 | | .00 | | .00 | | | |
| STATE INCOME TAX | | .00 | | .00 | | .00 | | | |
| EARNED INCOME CREDIT | | .00 | | .00 | | .00 | | | |
| LEVY | | .00 | | .00 | | .00 | | | |
| RECOVERY | | .00 | | .00 | | .00 | | | |
| UNION DUES | | .00 | | .00 | | .00 | | | |
| EMPLOYER FICA | | 10.40 | | 2.64 | | 7.76 | | | |
| EMPLOYER MEDICARE | | .00 | | .00 | | .00 | | | |
| EMPLOYER FUTA | | 1.09 | | .28 | | .81 | | | |
| EMPLOYER SUI | | 4.76 | | 1.21 | | 3.55 | | | |
| HOURS | | 32.0 | | 8.1 | | 23.9 | | | |

II B: WARD - PAY PERIOD 06/16/93 TO 06/30/93

| | | | | | | | | | |
|----------------------------|--|-------------|--|-------------|--|---------------|-----------|---------------|--|
| THIS WARD I 78350806070393 | | | | | | | | | |
| NEXT WARD I 78350806070393 | | | | | | | | | |
| WARR NBR CASE NBR | | LAST NAME | | FIRST NAME | | MI | PAY ST TP | SOC | |
| 78350806 5918321136256742 | | BROWN | | LUCY | | | P C Z | .0 | |
| PAID 070393 CASH 070893 | | VOID 000000 | | REPL 000000 | | PAY FM 061693 | | PAY TO 063093 | |
| W4 | | FIT WHOLD | | SIT W4 | | SIT WHOLD | | 0.00 | |
| | | GRAND TOTAL | | PCSP | | IHSS | | | |
| GROSS WAGE | | 119.00 | | 30.23 | | 88.77 | | | |
| NET WAGE | | 108.35 | | 27.52 | | 80.83 | | | |
| FICA | | 9.10 | | 2.31 | | 6.79 | | | |
| MEDICARE | | .00 | | .00 | | .00 | | | |
| SDI | | 1.55 | | .39 | | 1.16 | | | |
| FEDERAL INCOME TAX | | .00 | | .00 | | .00 | | | |
| STATE INCOME TAX | | .00 | | .00 | | .00 | | | |
| EARNED INCOME CREDIT | | .00 | | .00 | | .00 | | | |
| LEVY | | .00 | | .00 | | .00 | | | |
| RECOVERY | | .00 | | .00 | | .00 | | | |
| UNION DUES | | .00 | | .00 | | .00 | | | |
| EMPLOYER FICA | | 9.10 | | 2.31 | | 6.79 | | | |
| EMPLOYER MEDICARE | | .00 | | .00 | | .00 | | | |
| EMPLOYER FUTA | | .95 | | .24 | | .71 | | | |
| EMPLOYER SUI | | 4.17 | | 1.06 | | 3.11 | | | |
| HOURS | | 28.0 | | 7.1 | | 20.9 | | | |

IN-HOME SUPPORTIVE SERVICES
SPECIAL PRE-AUTHORIZED
TRANSACTIONSMANUAL COMPUTATION - SPLIT CASE

RECIPIENT

| | | |
|-----------|-------------|----------------|
| 1. NUMBER | | |
| 591832113 | | 6 |
| COUNTY | CASE NUMBER | CHECK DIGIT |

PROVIDER

2. NUMBER

1 - SUPPLEMENT/
EMERGENCY

| | | | | | | | | | |
|--------------|--|-------------|--|----------|--|----------|--|----------------|--|
| 3. TYPE | | 4. REASON | | 5. MOA | | REASON | | CODES | |
| | | | | M C N | | | | | |
| 6. FROM DATE | | 7. TO DATE | | 8. GROSS | | 9. HOURS | | 10. RATE | |
| M M D D Y Y | | M M D D Y Y | | | | | | 11. SHARE/COST | |
| | | | | | | | | | |

2 - REPLACEMENT

| | | | |
|--------------|--|------------------|--|
| 12. TYPE | | 13. REASON | |
| | | | |
| 14. WARRANT# | | 15. WARRANT DATE | |
| | | M M D D Y Y | |
| | | 16. NET AMOUNT | |
| | | | |

3 - VOID WARRANT

| | | | |
|--------------|--|------------------|--|
| 17. TYPE | | 18. REASON | |
| | | | |
| 19. WARRANT# | | 20. WARRANT DATE | |
| | | M M D D Y Y | |
| | | 21. NET AMOUNT | |
| | | | |

4 - ADJUSTMENT

| | | | | | | | |
|--------------|--|----------------|--|------------------|--|-------------|--|
| 22. TYPE | | 23. REASON | | 24. FROM DATE | | 25. TO DATE | |
| N | | 21 | | 06/01/93 | | 06/30/93 | |
| 26. WARRANT# | | 27. PAY PERIOD | | 28. GROSS AMOUNT | | 29. FICA | |
| | | M M D D Y Y | | 72.51 | | 30. S.D.I. | |
| | | | | | | | |
| 31. FIC | | 32. STATE | | 33. EIC | | 34. SOC | |
| | | | | | | 35. NET | |
| | | | | | | 36. HOURS | |
| | | | | | | 1512 | |

AUTHORIZED
BY

| |
|------------|
| 37. NUMBER |
| 5678 |

PAYEE

38. NAME

COUNTY VALIDATION

| | | | | | |
|-------------------|--|----------|--|-------------|--|
| 39. AUTHORIZATION | | 40. DATE | | 41. REMARKS | |
| Ima Social Worker | | 11/01/94 | | | |
| 42. VALIDATION | | 43. DATE | | 44. REMARKS | |
| | | | | | |

EXAMPLE III AUTOMATED COMPUTATION

It is not necessary to manually compute an adjustment if the erroneous payment was made after August 1, 1993 and the recipient received services in the Individual Provider mode. In the following example only the TYPE, REASON, FROM DATE, and TO DATE need be entered. The RSUM screen will immediately display the adjusted gross amount and hours.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

IN-HOME SUPPORTIVE SERVICES SPECIAL PRE-AUTHORIZED TRANSACTIONS

RECIPIENT

| | | |
|--------------------------|-------------|--------------|
| 1. NUMBER 0108/2001 4 | | |
| COUNTY | CASE NUMBER | CHECK SST |

PROVIDER

| |
|-----------|
| 2. NUMBER |
|-----------|

SUPPLEMENT/
EMERGENCY

| | | | | |
|-----------------------------|---------------------------|-----------|-----------|----------------|
| 3. TYPE | 4. REASON | 5. MOA | 6. REASON | 7. CODES |
| | | M C N | | |
| 8. FROM DATE M M J J Y Y | 9. TO DATE M M J J Y Y | 10. GROSS | 11. HOURS | 12. RATE |
| | | | | 13. SHARE/COST |

2 - REPLACEMENT

| | | |
|--------------|---------------------------------|----------------|
| 14. WARRANTS | 15. WARRANT DATE M M J J Y Y | 16. NET AMOUNT |
| | | |

3 - VOID WARRANT

| | | |
|--------------|---------------------------------|----------------|
| 17. WARRANTS | 18. WARRANT DATE M M J J Y Y | 19. NET AMOUNT |
| | | |

4 - ADJUSTMENT

| | | | |
|---------------|-------------------------------|------------------------------|----------------------------|
| 20. TYPE P | 21. REASON 21 | 22. FROM DATE M M J J Y Y | 23. TO DATE M M J J Y Y |
| 24. WARRANTS | 25. PAY PERIOD M M J J Y Y | 26. GROSS AMOUNT | 27. P.I.C.A. |
| 28. FED | 29. STATE | 30. EIC | 31. SOC |
| | | | 32. NET |
| | | | 33. HOURS |

AUTHORIZED
BY

| |
|--------------------|
| 34. NUMBER 1234 |
|--------------------|

PAYEE

| |
|----------|
| 35. NAME |
|----------|

COUNTY VALIDATION

| | | |
|--|----------------------|-------------|
| 36. AUTHORIZATION Ima Social Worker | 37. DATE 11/01/94 | 38. REMARKS |
| 39. VALIDATION | 40. DATE | 41. REMARKS |

WOC 313 (1/94)

SECTION III REPORTS AND SCREENS

- PCSP/RESIDUAL ADJUSTMENT REPORT Pages 21 to 26
- RECIPIENT DETAIL
 - IP MODE Page 21
 - CC MODE Page 22
 - HM MODE Page 23
- DISTRICT OFFICE SUMMARY Page 24
- COUNTY SUMMARY Page 25
- STATE SUMMARY Page 26
- RSUM SCREEN CHANGES Page 27
- CSUM SCREEN CHANGES Page 28
- PCSP ADJUSTMENT SCREEN (PADJ) Page 29, 30
- MANAGEMENT STATISTICS SUMMARY CHANGES Page 31

PCSP Adjustment Report:

Detail Page:

IP MODE:

| S T A T E O F C A L I F O R N I A | | | | | | | | | |
|-----------------------------------|------------------|-----------|--------------|-------------|-------------|----------|------------|----------------|----------|
| IN-HOME SUPPORTIVE SERVICES | | | | | | | | | |
| PCSP/RESIDUAL ADJUSTMENT REPORT | | | | | | | | | |
| CYCLE DATE 08/30/94 PAGE 1 | | | | | | | | | |
| RUN DATE 08/30/94 | | | | | | | | | |
| COUNTY - 04 | DIST OFFICE - 32 | MODE - IP | RECIP NUMBER | PAY FR DATE | PAY TO DATE | ADJ DATE | PCSP HOURS | PCSP GROSS AMT | SERV WKR |
| BROWN, CHARLIE | 01245654 | | 07/01/94 | 07/31/94 | 08/30/94 | 5.4- | 40.50- | 40.50 | M234 |
| MOUSE, MINNIE | 45784441 | | 03/01/94 | 06/30/94 | 08/15/94 | 45.2 | 702.25 | 702.25- | M123 |
| TOTAL | | | | | | 39.8 | 661.75 | 39.8- | 661.75- |

CC MODE:

| S T A T E O F C A L I F O R N I A | | | | | | | | | |
|--|----------------|--------------|-----------|----------|-------------|----------|------------|----------------|----------|
| IN-HOME SUPPORTIVE SERVICES | | | | | | | | | |
| PCSP/RESIDUAL ADJUSTMENT REPORT | | | | | | | | | |
| CYCLE DATE 08/30/94 PAGE 2 | | | | | | | | | |
| RUN DATE 08/30/94 | | | | | | | | | |
| COUNTY - 04 DIST OFFICE - 32 MODE - CC | | | | | | | | | |
| REPORT - HIHJXXXX | RECIPIENT NAME | RECIP NUMBER | CC NUMBER | PAY DATE | PAY TO DATE | ADJ DATE | PCSP HOURS | PCSP GROSS AMT | SERV WKR |
| REPORT - HIHRXXXX | | | | | | | | | |
| | BROWN, SALLY | 02456475 | 145678 | 08/01/94 | 08/31/94 | 08/20/94 | 7.8 | 12.25 | M234 |
| | MOUSE, MICKEY | 45345217 | 145678 | 05/01/94 | 06/30/94 | 08/10/94 | 10.2 | 102.45 | M123 |
| | TOTAL | | | | | | 2.4 | 90.20 | |

HM MODE:

| JOB - HIHJXXXX REPORT - HIHXXXXX | | S T A T E O F C A L I F O R N I A IN-HOME SUPPORTIVE SERVICES PCSP/RESIDUAL ADJUSTMENT REPORT | | | | CYCLE DATE 08/30/94 RUN DATE 08/30/94 | | PAGE 1 | | | | |
|-------------------------------------|------------------|---|-----------------|-------------|----------------|--|---------------|-------------------|----------------|--------------------|-------------|-------------|
| COUNTY - 58 | DIST OFFICE - 01 | MODE - HM | RECIP NUMBER | PAY DATE | PAY TO DATE | ADJ DATE | PCSP HOURS | PCSP GROSS AMT | RESID HOURS | RESID GROSS AMT | AUTH NUM | SERV WKR |
| | | | 45789752 | 05/01/94 | 07/31/94 | 08/04/94 | 15.4- | 140.50- | 15.4 | 140.50 | 44455 | M234 |
| | | | 74124445 | 04/01/94 | 04/30/94 | 08/05/94 | 5.2 | 42.25 | 5.2- | 42.25- | 47145 | M123 |
| TOTAL | | | | | | | 10.2- | 98.25- | 10.2 | 98.25 | | |

District office break:

| JOB - HIHJXXXX REPORT - HIHRXXXX | | STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES PCSP/RESIDUAL ADJUSTMENT REPORT | | | | CYCLE DATE 08/30/94 | PAGE 1 |
|-------------------------------------|-----------|---|---------------|----------------|----------------|---------------------|--------|
| COUNTY - 04 DIST OFFICE 32 | | | | | | RUN DATE 08/30/94 | |
| | | CASE MONTHS | PCSP HOURS | PCSP EXPEND | RESID HOURS | RESID EXPEND | |
| IP | N21 | 1 | 5.4- | \$40.50- | 5.4 | \$40.50 | |
| | P21 | 4 | 45.2 | \$702.25 | 45.2- | \$702.25- | |
| | TOTAL/NET | 5 | 39.8 | \$661.75 | 39.8- | \$661.75- | |
| CC | N22 | 1 | 7.8- | \$12.25- | 7.8 | \$12.25 | |
| | P22 | 2 | 10.2 | \$102.45 | 10.2- | \$102.45- | |
| | TOTAL/NET | 3 | 2.4 | \$90.20 | 2.4- | \$90.20- | |
| HM | N23 | 0 | 0.0 | \$0.00 | 0.0 | \$0.00 | |
| | P23 | 0 | 0.0 | \$0.00 | 0.0 | \$0.00 | |
| | TOTAL/NET | 0 | 0.0 | \$0.00 | 0.0 | \$0.00 | |
| GRAND | NEG PCSP | 2 | 13.2- | \$52.75- | 13.2 | \$52.75 | |
| | POS PCSP | 6 | 55.4 | \$804.70 | 55.4- | \$804.70- | |
| | TOTAL/NET | 8 | 42.2 | \$751.95 | 42.2- | \$751.95- | |

County Break:

| JOB - HIHJXXXX | | STATE OF CALIFORNIA | | | | IN-HOME SUPPORTIVE SERVICES | | CYCLE DATE 08/30/94 | | PAGE 1 | |
|-------------------|-----------|---------------------------------|------------|-------------|-------------|-----------------------------|--|---------------------|--|--------|--|
| REPORT - HIHRXXXX | | PCSP/RESIDUAL ADJUSTMENT REPORT | | | | RUN DATE 08/30/94 | | | | | |
| COUNTY - 04 | | | | | | | | | | | |
| | | CASE MONTHS | PCSP HOURS | PCSP EXPEND | RESID HOURS | RESID EXPEND | | | | | |
| IP | N21 | 102 | 702.4- | \$3,402.25- | 702.4 | \$3,402.25 | | | | | |
| | P21 | 325 | 1,234.5 | \$8,854.50 | 1,234.5- | \$8,854.50- | | | | | |
| | TOTAL/NET | 427 | 532.1 | \$5,452.25 | 532.1- | \$5,452.25- | | | | | |
| CC | N22 | 80 | 602.5- | \$878.50- | 602.5 | \$878.50 | | | | | |
| | P22 | 200 | 1,100.3 | \$1,745.25 | 1,100.3- | \$1,745.25- | | | | | |
| | TOTAL/NET | 280 | 497.8 | \$866.75 | 497.8- | \$866.75- | | | | | |
| HM | N23 | 0 | 0.0 | \$0.00 | 0.0 | \$0.00 | | | | | |
| | P23 | 0 | 0.0 | \$0.00 | 0.0 | \$0.00 | | | | | |
| | TOTAL/NET | 0 | 0.0 | \$0.00 | 0.0 | \$0.00 | | | | | |
| GRAND | NEG PCSP | 182 | 1,304.9- | \$4,280.75- | 1,304.9 | \$4,280.75 | | | | | |
| | POS PCSP | 525 | 2,334.8 | \$10,599.75 | 2,334.8- | \$10,599.75- | | | | | |
| | TOTAL/NET | 707 | 1,029.9 | \$6,319.00 | 1,029.9- | \$6,319.00- | | | | | |

State Summary:

| JOB - HIHJXXXX REPORT - HIHRXXXX | | | STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES PCSP/RESIDUAL ADJUSTMENT REPORT | | | CYCLE DATE 08/30/94 RUN DATE 08/30/94 | | PAGE 1 |
|-------------------------------------|----------------------|-----------|---|------------|-------------|--|--------------|--------|
| STATE SUMMARY | | | | | | | | |
| COUNTY | MODE | TYPE | CASE MONTHS | PCSP HOURS | PCSP EXPEND | RESID HOURS | RESID EXPEND | |
| ALAMEDA | IP | N21 | 45 | 452.3- | \$2,024.50- | 452.3 | \$2,024.50 | |
| | | P21 | 90 | 2,456.5 | \$5,012.75 | 2,456.5- | \$5,012.75- | |
| | | TOTAL/NET | 135 | 2,004.2 | \$2,988.25 | 2,004.2- | \$2,988.25- | |
| CC | | N22 | 0 | 0.0 | \$0.00 | 0.0 | \$0.00 | |
| | | P22 | 0 | 0.0 | \$0.00 | 0.0 | \$0.00 | |
| | | TOTAL/NET | 0 | 0.0 | \$0.00 | 0.0 | \$0.00 | |
| HM | | N23 | 0 | 0.0 | \$0.00 | 0.0 | \$0.00 | |
| | | P23 | 0 | 0.0 | \$0.00 | 0.0 | \$0.00 | |
| | | TOTAL/NET | 0 | 0.0 | \$0.00 | 0.0 | \$0.00 | |
| GRAND TOTAL | NEG PCSP POS PCSP | | 45 | 452.3- | \$2,024.50- | 452.3 | \$2,024.50 | |
| | | | 90 | 2,456.5 | \$5,012.75 | 2,456.5- | \$5,012.75- | |
| | | TOTAL/NET | 135 | 2,004.2 | \$2,988.25 | 2,004.2- | \$2,988.25- | |

RSUM Screen Changes:

```

THIS RSUM I 0100000001
NEXT PSUM I 0100000001

                IHSS RECIPIENT SUMMARY      NAME BROWN      , CHARLIE

E 001001

                MONTH-TO-DATE-TOTALS
YR MO  CC HRS  IP HRS   IP $    SOC  YR MO  CC HRS  IP HRS   IP $    SOC
94 07   0.0    0.0   552.50   0.00  94 06   0.0    0.0   552.50  0.00
94 05   0.0    0.0   552.50   0.00  94 04   0.0    0.0   552.50  0.00
** YTD **   HRS=  910.0    WAGES  3867.50    FICA=  295.89    SDI=  0.26

TP  S FRM DT TO DT WAR DT WAR NUM  HOURS GROSS WARR NET RS X V AUTH EFT
X N P 070194 073194 083094 00000000 5.1- 40.50-    0.00 21 0   01020

```

- Changes:
- Display new transactions on RSUM.
 - 'X' refers to adjustment; 'N' refers to negative transaction;
 'P' refers to paid status
 - Rsum segments are on the system for 90 days before they are overlaid.

CSUM Screen Changes:

| | | | | | |
|---|------------|------------------|--------------|-----------------------------|------------|
| THIS CSUM I 59IP | | | | | |
| NEXT CSUM I 59CC | | | | | |
| FOR MONTH: 01 / 94 MONTHLY CASELOAD AND EXPENDITURES - IP MODE DATE: 08/02/94 | | | | | |
| | CASES | HOURS | EXPENDITURES | SOC CASES | SOC AMOUNT |
| GRAND TOTAL | 1,188 | 101,115.7 | 448,520.99 | 176 | 21,188.77 |
| SI | 304 | 54,370.8 | 240,176.15 | 58 | 11,887.90 |
| NSI | 884 | 46,744.9 | 208,344.84 | 118 | 9,300.87 |
| RESID TOTAL | 653 | 51,281.5 | 215,548.98 | | |
| SI | 183 | 28,945.9 | 120,723.64 | | |
| NSI | 470 | 22,335.6 | 94,825.34 | | |
| PCSP TOTAL | 600 | 49,834.2 | 232,972.01 | HOMEMAKER QUARTERLY COST | |
| SI | 150 | 25,424.9 | 119,452.51 | QTR: 2 93/94 DATE: 02/10/94 | |
| NSI | 450 | 24,409.3 | 113,519.50 | RESIDUAL COST | |
| | | | | PCSP COST | |
| | | | | REV #02 DATE 04/07/94 | |
| RESID ALLOC | 0.00 | RESID BAL REMAIN | 306,522.24- | | |
| TOT IP COST | 671,521.77 | TOT EMPLR TAX | 54,973.06 | TOTAL YTD COST | |
| CC COST | 0.00 | WKRS COMP | 0.00 | 671,521.77 | |
| HM COST | 0.00 | CMIPS COST | 0.00 | | |
| RES IP COST | 306,522.24 | RES EMPLR TAX | 23,381.88 | RESID YTD COST | |
| CC COST | 0.00 | WKRS COMP | 0.00 | 306,522.24 | |
| HM COST | 0.00 | CMIPS COST | 0.00 | ADJ 95,256.90- | |
| PCS IP COST | 364,999.53 | PCS EMPLR TAX | 31,591.18 | PCSP YTD COST | |
| CC COST | 0.00 | WKRS COMP | 0.00 | 364,999.53 | |
| HM COST | 0.00 | CMIPS COST | 0.00 | ADJ 95,256.90 | |

Screen Changes: - Add PCSP adjustment fields to the year-to-date section of the CSUM screen. Resd and PCSP adjustments should always balance.

CSUM File Changes: - Add PCSP adjustment field to the CSUM file. This field will be the net year-to-date PCSP adjustments.

Technical Detail: - Update adjustment field on CSUM file once a month when adjustment report is created.

New PCSP Adjustment Screen (PADJ):

| | | | | | | |
|--------------------|-----------|-------------------------|----------|-----------|-----------|------------|
| THIS PADJ I 59 | | | | | | |
| NEXT PADJ I 59 | | | | | | |
| FOR MONTH: 12 / 94 | | MONTHLY PCSP ADJUSTMENT | | | | |
| | | CASE | PCSP | PCSP | RESID | RESID |
| | | MONTHS | HOURS | EXPEND | HOURS | EXPEND |
| IP | N21 | 80 | 575.0- | 1,502.45- | 575.0 | 1,502.45 |
| | P21 | 453 | 10,281.5 | 15,548.98 | 10,281.5- | 15,548.98- |
| | TOTAL/NET | 533 | 9,706.5 | 14,046.53 | 9,706.5- | 14,046.53- |
| | YTD | 1,456 | 20,456.5 | 85,789.45 | 20,456.5- | 85,789.45- |
| CC | N22 | 15 | 98.5- | 450.45- | 98.5 | 450.45 |
| | P22 | 102 | 1,081.5 | 3,548.98 | 1,081.5- | 3,548.98- |
| | TOTAL/NET | 117 | 983.0 | 3,098.53 | 983.0- | 3,098.53- |
| | YTD | 950 | 3,456.4 | 9,467.45 | 3,456.4- | 9,467.45- |
| HM | N23 | 0 | 0.0 | 0.00 | 0.0 | 0.00 |
| | P23 | 0 | 0.0 | 0.00 | 0.0 | 0.00 |
| | TOTAL/NET | 0 | 0.0 | 0.00 | 0.0 | 0.00 |
| | YTD | 0 | 0.0 | 0.00 | 0.0 | 0.00 |
| GRAND | NEG PCSP | 95 | 673.5- | 1,952.90- | 673.5 | 1,952.90 |
| | POS PCSP | 555 | 11,363.0 | 19,097.96 | 11,363.0- | 19,097.96- |
| | TOTAL/NET | 650 | 10,689.5 | 17,145.06 | 10,689.5- | 17,145.06- |
| | YTD | 2,406 | 23,912.9 | 95,256.90 | 23,912.9- | 95,256.90- |

- Screen:
- A new screen PADJ displays monthly PCSP adjustments. No update is allowed on this screen.
 - The county number is the key to this screen. The default month to display is the last month that has been updated. 'For Month' is a data entry field and can be changed to display previous months.
 - Cases refers to case months
- File:
- A new adjustment VSAM file contains monthly PCSP adjustment information for each county. This file is updated once a month when the adjustment report is created.
 - Year-to-date fields will agree with the year-to-date field on CSUM.
 - The year-to-date fields are cleared once a year when CSUM year-to-date fields are cleared.
 - Thirteen months of information is maintained on this file. Expiring data is cleared each month when the adjustment report is generated.

Field by Field Description of PADJ:

For Month: Display the most current month by default. This field can be changed to display adjustment information for any month in the past 12 months.

Case Months: Case month refers to the number of cases in each month, i.e. if a case is adjusted from October to December, it will count as 3 case months.

Hours: Hours refer to the number of hours adjusted. It can be found on the warrant detail screen.

Expenditures: Expenditures includes the gross amount, Employer FICA, Employer SUI, and Employer FUTA.

Resid Adj: Residual adjustment refers to N21, N22, and N23 transactions.

PCSP Adj: PCSP adjustment refers to P21, P22, and P23 transactions.

JOB - HIHJ540N
COUNTY - (59) GENESIS

STATE OF CALIFORNIA
IN-HOME SUPPORTIVE SERVICES
MANAGEMENT STATISTICS SUMMARY

PAGE - 6
REPORT MONTH - JULY
RUN DATE - 08/11/94

PCSP ADJUSTMENT

| | | CASE MONTHS | PCSP HOURS | PCSP EXPEND | RESID HOURS | RESID EXPEND |
|-------|-----------|----------------|---------------|----------------|----------------|-----------------|
| IP | N21 | 45 | 452.3- | \$2,024.50- | 452.3 | \$2,024.50 |
| | P21 | 90 | 2,456.5 | \$5,012.75 | 2,456.5- | \$5,012.75- |
| | | ===== | ===== | ===== | ===== | ===== |
| | TOTAL/NET | 135 | 2,004.2 | \$2,988.25 | 2,004.2- | \$2,988.25- |
| | YTD | 2,450 | 50,452.7 | \$124,001.45 | 50,452.7- | \$124,001.45- |
| CC | N22 | 0 | 0.0 | 0.00 | 0.0 | 0.00 |
| | P22 | 0 | 0.0 | 0.00 | 0.0 | 0.00 |
| | | ===== | ===== | ===== | ===== | ===== |
| | TOTAL/NET | 0 | 0.0 | 0.00 | 0.0 | 0.00 |
| | YTD | 0 | 0.0 | 0.00 | 0.0 | 0.00 |
| HM | N23 | 0 | 0.0 | 0.00 | 0.0 | 0.00 |
| | P23 | 0 | 0.0 | 0.00 | 0.0 | 0.00 |
| | | ===== | ===== | ===== | ===== | ===== |
| | TOTAL/NET | 0 | 0.0 | 0.00 | 0.0 | 0.00 |
| | YTD | 0 | 0.0 | 0.00 | 0.0 | 0.00 |
| GRAND | NEG PCSP | 45 | 452.3 | \$2,024.50- | 452.3 | \$2,024.50 |
| | POS PCSP | 90 | 2,456.5 | \$5,012.75 | 2,456.5- | \$5,012.75- |
| | | ===== | ===== | ===== | ===== | ===== |
| | TOTAL/NET | 135 | 2,004.2 | \$2,988.25 | 2,004.2- | \$2,988.25- |
| | YTD | 2,450 | 50,452.7 | \$124,001.45 | 50,452.7- | \$124,001.45- |

Management Stats Changes:

- Add a new section at the end of Management Stats Report to show adjustment information.
- Adjustment information comes from the new adjustment VSAM file.

IN-HOME SUPPORTIVE SERVICES SPECIAL PRE-AUTHORIZED TRANSACTIONS

RECIPIENT

| | | |
|-----------|-------------|----------------|
| 1. NUMBER | | |
| COUNTY | CASE NUMBER | CHECK DIGIT |

PROVIDER

| |
|-----------|
| 2. NUMBER |
|-----------|

1 - SUPPLEMENT/ EMERGENCY

| | | | | | | | | | | | | | | | | | |
|--------------|---|------------|---|----------------|---|----------|---|----------|---|---|---|--|--|--|--|--|--|
| 3. TYPE | | 4. REASON | | 5. NOA | | REASON | | CODES | | | | | | | | | |
| | | | | M C N | | | | | | | | | | | | | |
| 6. FROM DATE | | 7. TO DATE | | 8. GROSS | | 9. HOURS | | 10. RATE | | | | | | | | | |
| M | M | D | D | Y | Y | M | M | D | D | Y | Y | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | 11. SHARE/COST | | | | | | | | | | | | | |

2 - REPLACEMENT

| | | | |
|----------------|--|------------------|--|
| 12. TYPE | | 13. REASON | |
| | | | |
| 14. WARRANT# | | 15. WARRANT DATE | |
| | | M M D D Y Y | |
| | | | |
| 16. NET AMOUNT | | | |

3 - VOID WARRANT

| | | | |
|----------------|--|------------------|--|
| 17. TYPE | | 18. REASON | |
| | | | |
| 19. WARRANT# | | 20. WARRANT DATE | |
| | | M M D D Y Y | |
| | | | |
| 21. NET AMOUNT | | | |

4 - ADJUSTMENT

| | | | | | | | |
|--------------|--|----------------|--|------------------|--|--------------|--|
| 22. TYPE | | 23. REASON | | 24. FROM DATE | | 25. TO DATE | |
| | | | | M M D D Y Y | | M M D D Y Y | |
| | | | | | | | |
| 26. WARRANT# | | 27. PAY PERIOD | | 28. GROSS AMOUNT | | 29. F.I.C.A. | |
| | | M M D D Y Y | | | | 30. S.D.I. | |
| | | | | | | | |
| 31. FED | | 32. STATE | | 33. EIC | | 34. SOC | |
| | | | | | | 35. NET | |
| | | | | | | 36. HOURS | |

AUTHORIZED
BY

| |
|------------|
| 37. NUMBER |
|------------|

PAYEE

| |
|----------|
| 38. NAME |
|----------|

COUNTY VALIDATION

| | | | | | |
|-------------------|--|----------|--|-------------|--|
| 39. AUTHORIZATION | | 40. DATE | | 41. REMARKS | |
| | | | | | |
| 42. VALIDATION | | 43. DATE | | 44. REMARKS | |
| | | | | | |